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FACSIMILE TRANSMISSION

TO: Examiner Hardee, John R.
Art Unit 1751

FROM: Stephen S. Ashley, Jr.
Reg. No. 47,394

DATE: February 16, 2006

FAX NO: 571-273-8300

RE: Our File No. 3216/1; U.S. Serial No. 10/799,081; Utility Patent Application for
FUEL CELL STACK COOLANT COMPOSITION"

CONFIRMATION COPY YES NO
TO FOLLOW:

NUMBER OF PAGES Cover + 14

MESSAGE: Please see the attached:

- Transmittal Sheet
- Fee Transmittal
- Amendment dated February 16, 2006
- 4 Mo. Petition for Extension of Time

for the above-referenced application filed in reply to Office Action dated
October 3, 2005.

Also please confirm receipt of this facsimile by return fax. Thank you.

Accounting Process Code:

If any problems in transmission occur, please contact: Myra Howell, Legal Assistant

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
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TRANSMITTAL
FORM

(To be used for all correspondence after initial filing)

Total Number of Pages in This Submission 15

Application Number 10789,081

Filing Date 03/12/2004

First Named Inventor Saburo Abe

Art Unit 1751

Examiner Name Hardee, John R.

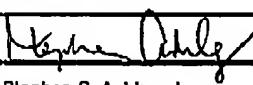
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Attorney Docket Number 3216/1

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> - Fax cover sheet
<div style="border: 1px solid black; padding: 2px;">Remarks</div> <div style="margin-top: 2px;">- Please charge any applicable fees to deposit account no. 01-0265.</div>		

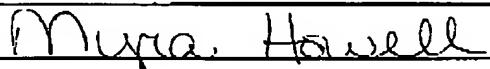
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Adams Evans P.A.		
Signature			
Printed name	Stephen S. Ashley, Jr.		
Date	02/16/2006	Reg. No.	47,394

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature



Typed or printed name

Myra Howell

Date

02/16/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,790.00)

Complete If Known

Application Number 10/799,081

Filing Date 03/12/2004

First Named Inventor Saburo, Abe

Examiner Name Hardee, John R.

Art Unit 1751

Attorney Docket No. 3216/1

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FEB 16 2006**METHOD OF PAYMENT** (check all that apply) Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number 01-0265 Deposit Account Name Adams Evans P.A.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Small EntityFee (\$)Fee (\$)Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total ClaimsExtra Claims Fee (\$) Fee Paid (\$) Multiple Dependent ClaimsFee (\$) Fee Paid (\$)HP = highest number of total claims paid for, if greater than 20.Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)Fee (\$) Fee Paid (\$)4 - 3 or HP = 1 x 200.00 = 200.00

HP = highest number of independent claims paid for, if greater than 3.

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)Fee (\$) Fee Paid (\$)- 100 = / 50 = (round up to a whole number) x =Fee (\$) Fee Paid (\$)Fee (\$) Fee Paid (\$)